

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. <i>09/147770</i>	FILING DATE
APPLICANT(S)	

G1105

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.		1				
TOTAL CLAIMS		4				

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					